FORM NO. 171

Form of application for registration as authorised income-tax practitioner under section 515 of the Act.

To

*Chief Commissioner or Commissioner of Income-tax,

_____

I hereby apply for registration as an authorized income-tax practitioner under **Section515(3)(v)/(vi)/(vii)/(viii)of the Act.**

			Part-A: Personal Information		
1.	Name				*(Refer Note 1)*
2.	Gender **(*Select One*)**				(i) Male (ii) Female (iii) Transgender
3.	Permanent Account Number (PAN)				
4.	Name of *Father/Husband				*(Refer Note 1)*
5.	Permanent Residential Address				*(Refer Note 2)*
6.	Present Residential Address				*(Refer Note 2)*
7.	Contact Details				
	(i)	Mobile Number		Country Code	Number
	(ii)	Email ID			
8.	Principal Place of Profession in India				
9.	A.	Whether partner in a firm, **(*Select One*)**			(i) Yes (ii) No
	B.	If the answer to row 9(A) is yes, then provide following details:			
	(i)	Name of firm			*(Refer Note 1)*
	(ii)	Names of other partners			*(Refer Note 1)*
	B.	**(Repeat, if required)**			
			Part B: Declaration by Applicant		
10.	(i)	(a)	I certify that I have passed the accountancy examination of		
		(b)	Attach true copy of the certificate mentioned in row 10(i)(a).		*(Refer Note 3)*
	(ii)	(a)	I certify that I have acquired the educational qualifications of		
		(b)	Attach true copy of the certificate mentioned in row 10(ii)(a).		*(Refer Note 3)*
	(iii)	Whether you were disqualified under section 515(4) of the Act. **(*Select One*)**			(i) Yes (ii) No

(iv)	Were you an authorised representative in accordance with the provisions of section 288(2)(vii) of the Income-tax Act, 1961. **(Select One)**	(i) Yes (ii) No
	If the answer to 10(iv) is yes then, provide following:	
	(a)	Name of Assessee	*(Refer Note 1)*
	(b)	Address of Assessee	*(Refer Note 2)*
	(c)	Tax Year	
	(d)	Designation of the income-tax authority before whom appeared	
(v)	Repeat (iv), if required	

I certify that I have been practicing as an authorised income-tax practitioner since _____ and that I have not so far made any application for registration as an authorised income-tax practitioner to any other Chief Commissioner or Commissioner of Income-tax.

Place:
Date:

_____
(Signature)

Verification

I, _____ [*name in block letter*], do declare that what is stated in the above application is true to the best of my information and belief.

Place:
Date:

_____
(Signature)

*Delete whichever is not applicable

Notes:
1. In case of individual, the first, middle and last name shall be provided in full without any abbreviations. In any other case also, the name shall be provided in full.
2. The address shall contain i. Country/Region, ii. Flat/Door/Building, iii. Road/Street/ Block/Sector, iv. PIN/ZIP Code, v. Post Office, vi. Area/locality, vii. District, viii. State
3. With respect to row 10, following documents shall be provided as annexures, namely:

Annexure	Particulars
A-1	True copy of the certificate enclosed as mentioned in row 10(i)(b).
A-2	rue copy of certificate enclosed as mentioned in row 10(ii)(b).

4. Some of the information in the form would be pre-filled to the extent possible.